

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

43050

Registrar's No.

2650

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Training School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yrs, 8 m, 29 days
(Specify whether Life)
In this community Life
years, months or days

3. (a) PRINT FULL NAME

EMMA GIERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced, Unknown

6. (b) Name of husband or wife Unknown

(c) Age of husband or wife if alive 2 years

7. Birth date of deceased 2 (Month) 2 (Day) 1878 (Year)

8. AGE: Years 63 Months 2 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Training School Records

(b) Address Bellefontaine Hall Road

17. (a) (Burial, cremation, or removal) Washed (b) Date thereof 12-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation W. K. K. K.

18. (a) Signature of funeral director W. K. K. K.

(b) Address 2500 Rutger

19. (a) DEC 30 1941 (b) Ex. no. 2650

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis County
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bellefontaine Hall Road
(If rural, give location) St. Louis Training School
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1941 hour minute 47, A. M.

21. I hereby certify that I attended the deceased from 12-2-, 1941, to 12-25, 1941.
that I last saw her alive on 12-25-, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis and Myocardial Degeneration

Due to Hypertensive Vascular Disease

Due to PA

Other conditions Mental Deficiency - Imbale - Life

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Stanley J. Nemec M.D. (M. D. or other)

Address St. Louis Training School Date signed 12-25-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING . (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.